

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

Form GPAC COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers) 00070207	2 Total pages filed: 18
3 COMMITTEE NAME Evolve Austin			OFFICE USE ONLY AUSTIN CITY CLERK RECEIVED DEC 8 PM 2:40
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: PO Box 6383 APT / SUITE #: CITY: Austin STATE: TX ZIP CODE: 78762		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mr. FIRST: Cid MI: NICKNAME: LAST: Galindo SUFFIX: 		
6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 411 Brazos Street APT / SUITE #: Suite 99 CITY: Austin STATE: TX ZIP CODE: 78701		
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX: PO Box 6383 APT / SUITE #: CITY: Austin STATE: TX ZIP CODE: 78762		
8 CAMPAIGN TREASURER PHONE	AREA CODE: (512) PHONE NUMBER: 297-0525 EXTENSION: 		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> 8th day before election <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year 10 / 26 / 2014 THROUGH 12 / 6 / 2014		
11 ELECTION City of Austin	ELECTION DATE Month Day Year 12 / 16 / 2014 ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		

GO TO PAGE 2

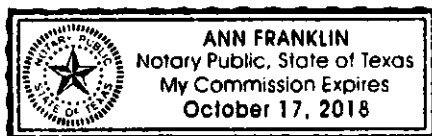
GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME Evolve Austin		ACCOUNT # (Ethics Commission Filers) 00070207	
13 COMMITTEE ACTIVITY (attach lists on plain paper to complete this report if necessary.)	1. Candidates (identify by name or, if applicable, classify by party)	A. Supported 1. Sabino "Pio" Renteria (district 3), 2. Jimmy Flannigan (district 6) 3. Jeb Boyd (district 7)	
		B. Opposed	
	2. Measures (describe by date and location of election and nature of issue)	A. Supported	
		B. Opposed	
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)		
	14 CONTRIBUTION TOTALS		1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold
		2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,700.00
EXPENDITURE TOTALS		3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
		4. TOTAL POLITICAL EXPENDITURES	\$ 2,467.73
CONTRIBUTION BALANCE		5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 6,700.00 4,232.27
OUTSTANDING LOAN TOTALS		6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

15 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ord Gohardo, this the 8th day of December, 2014, to certify which, witness my hand and seal of office.

Ann Franklin

Signature of officer administering oath

Ann Franklin

Printed name of officer administering oath

Notary

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

3

2 FILER NAME

EVOKE AUSTIN

3 ACCOUNT # (Ethics Commission Filers)

00070207

4 Date

11/10/14

5 Full name of contributor

☐ out-of-state PAC (ID#)

LARRY AND MARLEIGH WANKAM

6 Contributor address; City; State; Zip Code

100 E. 8th St Austin, TX 78702

7 Amount of contribution (\$)

2,500

8 In-kind contribution description (if applicable)

—

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Developer

10 Employer (See Instructions)

—

Date

11/17/14

Full name of contributor

☐ out-of-state PAC (ID#)

Glen Coleman

Contributor address; City; State; Zip Code

2521 Elara Drive Austin, TX 78725

Amount of contribution (\$)

10.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Env. Consultant / Hobbyist

Employer (See Instructions)

Self

Date

11/19/14

Full name of contributor

☐ out-of-state PAC (ID#)

GARNER Stoll

Contributor address; City; State; Zip Code

12205 Edwards Hollow Run Austin, TX 78739

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

11/19/2014

Full name of contributor

☐ out-of-state PAC (ID#)

Eric Goff

Contributor address; City; State; Zip Code

2500 E. 2nd Street Austin, TX 78702

Amount of contribution (\$)

3,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/20/14

Full name of contributor

☐ out-of-state PAC (ID#)

Jim Bernard

Contributor address; City; State; Zip Code

7140 Chimney Corners Austin, TX 78731

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Developer

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

3

2 FILER NAME

Evolve Austin PAC

3 ACCOUNT # (Ethics Commission Filers)

00070207

4 Date

11/24/14

5 Full name of contributor

☐ out-of-state PAC (ID#)

GLEN COLEMAN

6 Contributor address; City; State; Zip Code

2821 ELARA DRIVE
AUSTIN, TX 78725

7 Amount of
contribution (\$)

15.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Enr. Consultant / Lobbyist

10 Employer (See Instructions)

Date

11/25/14

Full name of contributor

☐ out-of-state PAC (ID#)

Rob PARSONS

Contributor address; City; State; Zip Code

1502 BLUEBONNET
AUSTIN, TX 787

Amount of
contribution (\$)

50.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/26/14

Full name of contributor

☐ out-of-state PAC (ID#)

JENNIFER HOUHAN

Contributor address; City; State; Zip Code

12112 ERUZIONE DR.
AUSTIN, TX 78748

Amount of
contribution (\$)

25.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Non-Profit

Employer (See Instructions)

Date

11/27/2014

Full name of contributor

☐ out-of-state PAC (ID#)

Cid GALINDO

Contributor address; City; State; Zip Code

411 BRAZOS ST. #99
AUSTIN, TX 78701

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

PROPERTY MGMT

Employer (See Instructions)

Date

12/1/14

Full name of contributor

☐ out-of-state PAC (ID#)

GAY SCHUMANN

Contributor address; City; State; Zip Code

4330 GAINES RANCH LOOP
AUSTIN, TX 78735

Amount of
contribution (\$)

200.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>0040202 3</u>	
2 FILER NAME Evolve Austin		3 ACCOUNT # (Ethics Commission Filers) 00070207	
4 Date <u>12/1/14</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>JUDE GALLIGAN</u> 6 Contributor address; City; State; Zip Code <u>603 DAVIS Street #102</u> <u>AUSTIN, TX 78701</u>	7 Amount of contribution (\$) <u>100.00</u>	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) <u>REALTOR</u>		10 Employer (See Instructions)	
Date <u>12/2/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Brendan WITTSRUCK</u> Contributor address; City; State; Zip Code <u>4609 Parkwood Rd</u> <u>AUSTIN, TX 78722</u>	Amount of contribution (\$) <u>25.00</u>	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>12/2/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>MAFEO BARNSTONE</u> Contributor address; City; State; Zip Code <u>3917 Threadgill Street</u> <u>AUSTIN, TX 78723</u>	Amount of contribution (\$) <u>100.00</u>	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) <u>ATTORNEY</u>		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEDGED CONTRIBUTIONS**SCHEDULE B**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:**2** FILER NAME*EVOLVE Austin***3** ACCOUNT # (Ethics Commission Filers)*00070207***4** TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$ - 0 -

5 Date**6** Full name of pledgor☐ out-of-state PAC (ID#:**8** Amount of
pledge (\$)**9** In-kind description
(if applicable)**7** Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)**11** Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE C-1

(for use by committees that support or oppose measures only)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C-1:	
2 FILER NAME <i>Evolve Austin</i>		3 ACCOUNT # (Ethics Commission Filers) <i>00070207</i>	
4 Date	5 Corporation / Labor Organization name	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6 Corporation / Labor Organization address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
Corporation / Labor Organization address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
Corporation / Labor Organization address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
Corporation / Labor Organization address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
Corporation / Labor Organization address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
Corporation / Labor Organization address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**CORPORATION OR LABOR ORGANIZATION
SUPPORT****SCHEDULE C-2**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule C-2:

2 FILER NAME

EVOLVE AUSTIN

3 ACCOUNT # (Ethics Commission Filers)

00070207

4 Date

5 Corporation / Labor Organization name

6 Amount (\$)

Date

Corporation / Labor Organization name

Amount (\$)

Date

Corporation / Labor Organization name

Amount (\$)

Date

Corporation / Labor Organization name

Amount (\$)

Date

Corporation / Labor Organization name

Amount (\$)

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Corporation / Labor Organization name

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Corporation / Labor Organization name

Amount (\$)

Date

Corporation / Labor Organization name

Amount (\$)

Date

Corporation / Labor Organization name

Amount (\$)

Date

Corporation / Labor Organization name

Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PLEDGED CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

SCHEDULE D

The Instruction Guide explains how to complete this form.		1 Total pages Schedule D:	
2 FILER NAME <i>Evolve Austin</i>		3 ACCOUNT # (Ethics Commission Filers) <i>00070207</i>	
4 Date	5 Corporation / Labor Organization name	7 Amount of pledge (\$)	8 In-kind description (if applicable)
	6 Corporation / Labor Organization address; City; State; Zip Code		
		(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name	Amount of pledge (\$)	In-kind description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		
		(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name	Amount of pledge (\$)	In-kind description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		
		(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name	Amount of pledge (\$)	In-kind description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		
		(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name	Amount of pledge (\$)	In-kind description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		
		(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name	Amount of pledge (\$)	In-kind description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		
		(If travel outside of Texas, complete Schedule T)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:**2** FILER NAME*EVOLUE Austin***3** ACCOUNT # (Ethics Commission Filers)*00070207***4**

TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$ *-0-***5** Date of loan**7** Name of lender☐ out-of-state PAC ID# _____**9** Loan Amount (\$)**6** Is lender
a financial
Institution?

Y N

8 Lender address; City; State; Zip Code**10** Interest rate**11** Maturity date**12** Principal occupation / Job title (See Instructions)**13** Employer (See Instructions)**14** Description of Collateral☐ none**15** GUARANTOR
INFORMATION**16** Name of guarantor**18** Amount Guaranteed (\$)☐ not applicable**17** Guarantor address; City; State; Zip Code**19** Principal Occupation (See Instructions)**20** Employer (See Instructions)

Date of loan

Name of lender

☐ out-of-state PAC ID# _____

Loan Amount (\$)

Is lender
a financial
Institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ noneGUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials
Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related
Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3	2 FILER NAME Evolve Austin	3 ACCOUNT # (Ethics Commission Filers) 00070207
---------------------------------------	--------------------------------------	---

4 Date 11/4/2014	5 Payee name Thompson & Knight, LLP
----------------------------	---

6 Amount (\$) 1,000 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 98 San Jacinto Blvd #1900 Austin, TX 78701
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Legal services	(b) Description (If travel outside of Texas, complete Schedule T) Retainer <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---------------------------------	---	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/17/2014	Payee name Jason Ahuja
---------------------------	----------------------------------

Amount (\$) 150.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4600 Monterrey Oaks Blvd #613 Austin, TX 78749
--	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract labor	Description (If travel outside of Texas, complete Schedule T) Materials <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/17/2014	Payee name Camila Pulecio
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Amount (\$) 62.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4100 Victory Dr. #345 Austin, TX 78704
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Reimbursement	Description (If travel outside of Texas, complete Schedule T) P.O. Box <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/17/2014	Payee name Camila Pulecio
---------------------------	-------------------------------------

Amount (\$) 200.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4100 Victory Dr. #345 Austin, TX 78704
--	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract labor	Description (If travel outside of Texas, complete Schedule T) Labor October <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials
Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related
Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2 FILER NAME Evolve Austin 3 ACCOUNT # (Ethics Commission Filers) 00070207

4 Date 11/17/2014 5 Payee name Paft Time Evil

6 Amount (\$) 400.00 7 Payee address: City: State: Zip Code P.O. Box 5693 Austin, Tx 78763
☐ Expenditure from corporate funds

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) Advertising Expense (b) Description (If travel outside of Texas, complete Schedule T) Website
☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date 11/17/2014 Payee name Vuka

Amount (\$) 100.00 Payee address: City: State: Zip Code 411 Monroe St. W. Austin, Tx 78704
☐ Expenditure from corporate funds

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Event expense Description (If travel outside of Texas, complete Schedule T) Rental room
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date 11/17/2014 Payee name Luis Angulo

Amount (\$) 125.00 Payee address: City: State: Zip Code 411 Monroe St. W. Austin, Tx 78704
☐ Expenditure from corporate funds

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Contract labor Description (If travel outside of Texas, complete Schedule T) Art for website
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date 11/24/2014 Payee name Vuka

Amount (\$) 120.00 Payee address: City: State: Zip Code 411 Monroe St. W. Austin, Tx 78704
☐ Expenditure from corporate funds

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) rental expense Description (If travel outside of Texas, complete Schedule T) room rental
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials
Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related
Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2 FILER NAME Evolve Austin 3 ACCOUNT # (Ethics Commission Filers) 00070207

4 Date 12/3/2014 5 Payee name Vuka

6 Amount (\$) 100.00 7 Payee address; City; State; Zip Code 411 Monroe St. W. Austin, TX 78704
☐ Expenditure from corporate funds

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) rental expense (b) Description (If travel outside of Texas, complete Schedule T) room rental
☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date 12/5/2014 Payee name Camila Pulec's

Amount (\$) 196.00 Payee address; City; State; Zip Code 4100 Victory Dr. #345 Austin, TX 78704
☐ Expenditure from corporate funds

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Contract labor Description (If travel outside of Texas, complete Schedule T) Labor November
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date 12/6/2014 Payee name Camila Pulec's

Amount (\$) 14.73 Payee address; City; State; Zip Code 4100 Victory Dr. #345 Austin, TX 78704
☐ Expenditure from corporate funds

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) reimbursement Description (If travel outside of Texas, complete Schedule T) food for meeting
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date Payee name

Amount (\$) Payee address; City; State; Zip Code
☐ Expenditure from corporate funds

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME <i>EVOLVE AUSTIN</i>		3 ACCOUNT # (Ethics Commission Filers) <i>00070207</i>
4 Date	5 Payee name		
6 Amount (\$) <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$) <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$) <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$) <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL CONTRIBUTIONS RETURNED TO COMMITTEE

SCHEDULE J

The Instruction Guide explains how to complete this form.

1 Total pages Schedule J:

2 FILER NAME

EVOLVE AUSTIN

3 ACCOUNT # (Ethics Commission Filers)

00070207

4 Date Returned

5 Original payee name

7 Amount Returned (\$)

6 Original payee address;

City;

State;

Zip Code

- 0 -

Date Returned

Original payee name

Amount Returned (\$)

Original payee address;

City;

State;

Zip Code

Date Returned

Original payee name

Amount Returned (\$)

Original payee address;

City;

State;

Zip Code

Date Returned

Original payee name

Amount Returned (\$)

Original payee address;

City;

State;

Zip Code

Date Returned

Original payee name

Amount Returned (\$)

Original payee address;

City;

State;

Zip Code

Date Returned

Original payee name

Amount Returned (\$)

Original payee address;

City;

State;

Zip Code

Date Returned

Original payee name

Amount Returned (\$)

Original payee address;

City;

State;

Zip Code

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**INTEREST EARNED, OTHER CREDITS/GAINS/
REFUNDS, AND PURCHASE OF INVESTMENTS****SCHEDULE K**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

EVOLVE JUSTIN

3 ACCOUNT # (Ethics Commission Filers)

00070207

4 Date

5 Name of person from whom amount is received

8 Amount
(\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received

Date

Name of person from whom amount is received

Amount
(\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount
(\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount
(\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME <i>EVOLVE Austin</i>		3 ACCOUNT # (Ethics Commission Filers) <i>00070207</i>
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee <i>NONE</i>		
5 Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div><input type="checkbox"/> Schedule A</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule C</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule N</div> <div><input type="checkbox"/> COH-UC</div> <div><input type="checkbox"/> COH-T</div> <div><input type="checkbox"/> PAC-C</div> <div><input type="checkbox"/> PAC-E</div> </div>		
6 Dates of travel	7 Name of person(s) traveling 8 Departure city or name of departure location 9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div><input type="checkbox"/> Schedule A</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule C</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule N</div> <div><input type="checkbox"/> COH-UC</div> <div><input type="checkbox"/> COH-T</div> <div><input type="checkbox"/> PAC-C</div> <div><input type="checkbox"/> PAC-E</div> </div>		
Dates of travel	Name of person(s) traveling Departure city or name of departure location Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div><input type="checkbox"/> Schedule A</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule C</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule N</div> <div><input type="checkbox"/> COH-UC</div> <div><input type="checkbox"/> COH-T</div> <div><input type="checkbox"/> PAC-C</div> <div><input type="checkbox"/> PAC-E</div> </div>		
Dates of travel	Name of person(s) traveling Departure city or name of departure location Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

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**POLITICAL COMMITTEE
AFFIDAVIT OF DISSOLUTION****FORM PAC - DR**

The Instruction Guide explains how to complete this form.
-- Complete only if "Report Type" on page 1 is marked "Dissolution" --

1 COMMITTEE NAME**2** ACCOUNT # (Ethics Commission Filers)**3 Affidavit of Dissolution**

I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.

Signature of Campaign Treasurer**DO NOT SIGN UNLESS
POLITICAL COMMITTEE IS TO BE DISSOLVED**

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____
day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath_____
Printed name of officer administering oath_____
Title of officer administering oath